

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030534

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 103

Primary Registration District No. 5417

Registrar's No. 12

FILED SEP 4 1962

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

Dunklin

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Clay Twp.Length of stay in 1b  
Nonec. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Near Rives, Mo.Inside Limits  
Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Pemiscot

Inside Limits

Yes ☒ No ☐c. CITY  
OR  
TOWN

Hayti

d. STREET  
ADDRESS(If outside, give location)  
208 N 3rdReside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

JOHN

WILSON

GERMAN

4. DATE  
OF  
DEATH

Month

Day

Year

Aug

28

1962

## 5. SEX

Male

## 6. COLOR OR RACE

white

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7/13/1916

## 9. AGE (last birthday)

46

## IF UNDER 1 YEAR

Months Days

1 15

## IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Mortician

## 10b. KIND OF BUSINESS OR INDUSTRY

Funeral Home

## 11. BIRTHPLACE (City and state or country)

Steele, Mo

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

J. L. German

## 13b. MOTHER'S MAIDEN NAME

Lillie Barger

## 14. NAME OF HUSBAND OR WIFE

Imogene German

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

yes

WW II

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs Imogene German

Hayti, Mo.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Third Degree Burns

INTERVAL BETWEEN  
ONSET AND DEATH

Unknown

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.
☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
Airplane crashed and burned. Deceased was  
in plane.20c. TIME OF  
INJURYHour  
Month, Day, Year

3:45 P.M. Aug. 28, 62

20d. INJURY OCCURRED  
WHILE AT WORK ☒  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

Gravel Road

## 20f. CITY, TOWN, OR LOCATION

Clay Twp.

## COUNTY

Dunklin

## STATE

Mo.

## 21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_

Death occurred at 3:45 P.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Quintor Tamm

Coroner

## 22b. ADDRESS

Kennett, Mo.

## 22c. DATE SIGNED

8029-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. NAME OF CEMETERY OR CREMATORY

Aug. 30, 1962 Mt Zion Cemetery

## 23d. LOCATION (City, town, or county)

Steele Mo.

## (State)

## 24. FUNERAL DIRECTOR

John German Funeral Home

## ADDRESS

Hayti, Mo.

## 25. DATE RECD. BY LOCAL REG.

8/29/62

## 26. REGISTRAR'S SIGNATURE

Sue Palenske

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Permit obtained 8/29/62 (AP)

SEP 18 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Was Not Embalmed Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.